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United States Bankruptcy Court

SOUTHERN DISTRICT OF TEXAS

In re:

STAGE STORES INC

Fax No. (614) 752-1948

Case Number: 00-35078 Judge: WESLEY W STEEN

Chapter: 11

AUG 0 3 2000

United States Bankruptcy Court

Southern District of Texas

FILED

Michael N. Milby, Clerk

Name and Address Where Notices Should Be Sent to Creditor

Ohio Bureau of Workers' Compensation Law Section Bankruptcy Unit P.O. Box 15398 Columbus, OH 43215-0398 Telephone No. (614) 466-6600 Check box if you are aware that any one else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

[] Check box if you never received any notices from the bankruptcy court in this case.

[] Check box if this address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

Risk Number:5480

[]Check here if this claim amends a previously filed claim dated

1. BASIS FOR CLAIM

[X] Taxes

[] This claim is founded upon the debtor's statutory obligation to pay the cost of Workers' Compensation Claim No. pursuant to Ohio Revised Code Section 4123.75 which became due.

[] This claim is founded upon the debtor's obligation to reimburse the Bureau for an amount of compensation which he was overpaid, which becamedueon.

[x] This claim is founded upon the debtor's statutory obligation to pay workers' compensation premiums pursuant to Ohio Revised Code Section 4123.35, which became due 06/01/2000.

[]Other

2. DATE DEST WAS INCURRED: 06/01/2000

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM

[]SECURED CLAIM \$

[X] UNSECURED PRIORITY CLAIM \$16,097.11

Attach evidence of perfection of security interest for taxes or penalties of governmental units - 11 U.S.C. 507(a)(7)

Brief description of Collateral:

[] Real Estate and All Personal Property

[] Other

Amount of arrearages and other charges included in secured claim above, if any \$

[]UNSECURED NON PRIORITY CLAIM \$

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:

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\$16,097.11

\$16,097.11

Unsecured

Secured

Priority

Total

[] Check this box if claim includes preparation charges in addition to the principal amount of the claim.

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

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7. SUPPORTING DOCUMENTATION:

Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the document is voluminous, attach a summary.

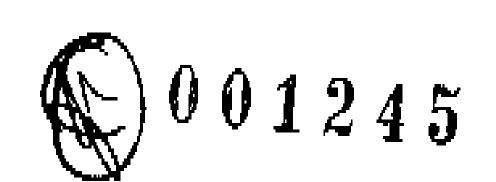
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this claim.

SIGN AND PRINT THE NAME AND TITLE OF ANY PERSON AUTHORIZED TO FILE THIS CLAIM.

Date: 07/31/2000

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KENNETH CAIN JR, BWC ATTORNEY



MEMORANDUM

To: Bankruptcy File

From: Law, Bankruptcy Section

Risk No. 5480

Name of Debtor STAGE STORES INC Date: 07/31/2000

Description of Billing Amount

Premium Billings:
Reported Premium 1-1-2000 to 6-1-2000 \$ 17,097.11

Total Premium: \$ 17,097.11

Misc. Credits
Advance Deposit \$ 1,000.00

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Total Credits: \$ 1,000.00

Grand Total: \$ 16,097.11

SPECIALTY RETAILERS INC. 548U STAGE 10201 MAIN ST HOUSTON, TX 77025-5229

Please detach at perforation and return with your check(s) payable to the Bureau of Workers' Compensation in the enclosed envelope.

1 of 2 SPECIALTY RETAILERS INC.

000002802944 01/01/2000 thru-06/90/2000*

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10201 MAIN ST HOUSTON, TX 77025-5229

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aunal	Description - NCCI classifications	Employees	00000000000	<u> </u>	.010822	= \$	17 006
008 RN	Store: Clothing, Wearing Apparel/Dry Good		1,571,463	<u> </u>	004236		
•	Salespersons, Collectors Or Messengers-C		_ 	¥	003542	= \$	
8810 RN	Clerical Office Employees Noc	<u> </u>		×	,	= 5	
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2 of 2 SPECIALTY RETAILERS INC. 10201 MAIN ST HOUSTON, TX 77025-5229 000002802944 01/01/2000 thru-06/30/2000 -

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	B. Total	IN DAMINI MODULOUS IS HERITAL AND A	D. Rate	E. Premium
A. Manual Description - BWC classifications	Employees	0010001000	× .016830	
802411 RS Clothing Stores-Retail-Incl All Incidental 874715 RS Traveling Sales No Constr Install Store D		21,421	x .006430	
881004 RS Clerical Office Employees Noc No Outsid			X.	= \$
	<u> </u>		;	(1) \$

1. NCCI Premium (Add all NCCI premium items in column E.)

2. BWC Premium (Add all BWC premium items in column E.) (Enter the lesser amount from line 1 or line 2, If less than \$10, enter \$10 minimum 3. Total Due Administrative Cost.)

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